

Legal & Policy Advisory Group Meeting

November 19, 2013 2:30-4p

Name	Organization
In Person	
Elizabeth Copeland	MeHI
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Review of Materials and Discussion

Project Updates

New chapter – The Executive Office of Health and Human Services (EOHHS) legal team is currently updating the Mass HIway policies and procedures beginning first with phase 1 policies and then moving to phase 2. Today we will look at detailed guidelines for the provider directory followed by a systematic review in each of our upcoming meetings for the next several months. These guidelines will be used by the technical team for configuration guidance and by the legal team for document guidance.

Phase 1 – Transaction and deployment update (Slide 2): Two new organizations joined the HIway in October – see slide. A total of 47 organizations are now connected. Eight new Participation Agreements obtained in October are listed on the slide. Fairly steady onboarding process continues.

Phase 1 – Transaction and deployment update cont. (Slide 3): Update from HIway Operations lists the number of transactions. Numbers are rising with time and activity continues to be steady.

- EHR version lag, HISP connectivity, and other vendor barriers are all effecting the onboarding pipeline for getting new organizations connected
- Question: Which vendor are you referring to? The state's or organization's vendors?
 - Answer: The organizations' EHR vendors.
- The 2014 Meaningful Use vendor certification process should push the vendors toward meeting requirements that the HIway also shares.

Phase 2 overall timeline (Slide 4)

- The expectation for Phase 2 services to go live has been pushed into December.

- Question: Is patient information being sent over the Hlway. Do we know what type of information is being sent?
 - Answer: The Hlway purposefully does not know which specific information is being sent because the Hlway does not open the messages. Right now clinical quality data transactions make up a large portion of the monthly transaction volume.
- Question: Do we know more about the Platinum Spike event?
 - Answer: Not yet, there are no more updates at this time. It looks more like January timeframe.

Mass Hlway Phase 2 policy input

Setting the table for today's discussion (slide 6): Today we would like to discuss some of the main topics of the provider directory.

Provider Directory - Permitted addressees (slide 7): These are draft statements in early form and open for discussion. We are looking for reactions and opinions on the slides presented.

- Discussion of hierarchy of addresses and granularity of addresses. How far down (providers, nurses) will the address go within an organization?
- Delegated Authority – the Participation Agreement contains delegated authority structure, which appoints an access administrator who is responsible for credentialing and providing addresses to the users. An administrator is necessary for all groups, large and small.
 - Question: Can you circulate the contract template?
 - Answer: Yes, we can give a current copy. The documents are also available on the MassHlway website (www.masshiway.net).
- The address matches the contract relationship – the participant. An organization can have a single inbox, for example: “medical records.” An organization can also have department level addresses, for example: “Emergency Department” and others. An organization can also have addresses for individual providers, or any combination of the options listed.
- Question: How will an address appear?
 - Answer: The format is displayed on slide 10 – The right of the @ sign is controlled by the Health Information Service Provider (HISP), which is the Hlway in this case. Information to the left is controlled by the organization and there are options for designating the addresses for internal routing. Organizations may also choose to have multiple nodes. Contracting and pricing for connection may be affected by the choices of the organization.
 - Comment: Originally there was one contract per node, so it may need to be revisited. There are also considerations for local Health Information Exchanges (HIEs) that are not the Hlway. Those types of nodes are a mailbox that routes the message to the correct address within that HIE.
- Question: A provider who works at multiple locations could have individual addresses at multiple locations and there could also be providers with similar names. How would a user

differentiate between similar addresses? Can someone search for all the sites/addresses for a particular provider?

- Answer: The individual address would help to differentiate by the structure of the Direct address. There is also a slide, to be discussed later, looking for input on other types of data that should be displayed to help identify a particular provider
- Question: Has there been consideration for a provider who may not actually want to be listed in the provider directory?
 - Answer: The Hlway has not heard anything to that effect yet. This would be more controlled by the organization.

Provider Directory - Permitted uses and users (slide 8): Addresses are limited to Treatment, Payment and Healthcare Operation (TPO) organizations right now.

- Question: It sounds like the payload may be going directly to an individual “email account?”
 - Answer: The message would never go into an email inbox, but would go directly to an EHR or webmail account address.
- Question: What is the significance of an addressee if the info is going to an EHR?
 - Answer: Some consideration for messages that require action by a provider. If a Primary Care Provider (PCP) sends a summary to a specialist and gives information about follow-up, there would be a need to get that information directly to the provider. The best practice is to allow the organization to use the address options that work best for the organization. The concept is to allow flexibility for the sharing of information in the best approach the organizations feel necessary.
- Question: How would the providers know which mailbox to send if there are multiple possible address?
 - Answer: They could send to a department inbox or a particular provider address. It is up to the organization to choose address options and formats.

Provider Directory – Access (slide 9): Keeps access restriction the same as the Hlway rules. Access is obtained through a provider portal, webmail product, or a secure web service through the EHR. For EHRs that do not know how to call a directory, uploading and downloading of directories would be possible.

- Comment: Vendors may be looking to do other things with the participant data.
 - Response: EHR vendors will need to be constrained to use the provider directory only for Hlway look-ups
- Question: Some vendors already offer sharing protocols and programs for providers to exchange information between other providers on the same vendor, for example “Peer to Peer (P2P)” offered to eClinicalWorks users. How would those users separate the internal transactions from the Hlway transactions?
 - Answer: The “white list” concept would be used to identify organizations that are participants of the Hlway.

Provider Directory - Acceptable address guidelines (slide 10): Discussion of the potential options for choosing addresses. The trend has been to try to start organizations with addresses at a high level, and then work toward a more granular approach of individual addresses if desired. The Hlway issues the participant name, and the organization issues individual addresses on left side of the @ sign.

Provider Directory - Data elements collected and stored (slide 11): There are two options – collect all data elements, or collect a minimum of data elements and build from that point. Collecting a minimum data set can speed up the process of getting the provider directory populated and live, but must contain enough information to positively identify addresses correctly.

- Starter set of required data elements: first name, last name, suffix, business phone, and National Provider Identifier (NPI)
 - The NPI could allow users to initiate an NPI lookup within a database to view more information.
- Question: Why not the provider specialty?
 - Answer: This can be recommended and there is hope it would be added because it would be helpful. There will be a recommendation to the operations team to include provider specialty based on Medicare provider specialty codes.
- Question: Can a provider have multiple NPI numbers?
 - Answer: No
- Question: Can a user search by NPI in the directory?
 - Answer: Yes, a search can be completed using any data element

Provider Directory - Data elements displayed (slide 12)

- Consensus from the group was to keep the displayed elements the same as what is captured.
- Question to the group: Are there any data elements that should not be displayed?
 - Response: All of the information is available based on an NPI look-up already, and therefor there is no need to restrict displaying the information.

Provider Directory - Data upload (slide 13): The idea is to make sure the directory can be updated. Updates can be initially completed by providing updated spreadsheets to the operation team, and eventually through a web forum that designated Access Administrators can use to manage users.

- Question: How long does it take an organization to join the Hlway, from signing the Participation Agreement up to go-live?
 - Answer: The timeline depends on the situation and any barriers involved. EHR vendors are current barriers for some organizations, as well as use-case development and technology development. MeHI may be able to provide more detailed information.
- Question: Are legal agreements being reviewed individually?
 - Answer: No, all contracts are non-negotiable. Some questions come up and are reviewed, and updating the Participation Agreement in the future could be a possibility, but only if improvements are necessary.

Provider Directory - Data currency and update (slide 14): An organization's designated Access Administrator is responsible for keeping the data updated. If changes are needed, the HIway must be updated immediately.

- Comment: A suggestion was made for "softer" language other than "termination" for situations like residents leaving an organization through the normal turnover process.
 - Response: Those type of transitions would fall under "role change."

The agreement adds that the Access Administrator is required to terminate accounts immediately. All other changes are done by a quarterly updated as indicated on the slide. The HIway has the responsibility to push out updates to all other participants.

- Question: What happens if a participant uses a stored address to send to a user who has been terminated?
 - Answer: The Access Administrator will terminate addresses and notify the HIway so the address can be removed from the address book. If the address was cached and used somehow, there would be a need to be a generic message that indicates an invalid message.

Next steps

- Continue the review process, internally work on draft language and discuss in future meetings.
- Meeting notes synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next Advisory Group Meeting – December 17, 2:30-4:00
 - Mass Medical Society – Suffolk conference room
 - Conference call (866) 951-1151 x. 8234356
- HIT Council –December 9, 3:30-5:00 One Ashburton Place, 21st Floor

HIT Council meeting schedule, presentations, and minutes may be found at

<http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html>